

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Law Offices of Nona L. Ostrove, LLC
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By: Nona L. Ostrove, Esq. NO 2942
Attorneys for Ernest C. Young

In Re:

Ernest C. Young
Debtor(s)

Case No.: 17-23830

Chapter: 13

Adv. No.: _____

Hearing Date: _____

Judge: JNP

CERTIFICATION OF SERVICE

1. I, Nona L. Ostrove, Esq. :

☒ represent Ernest C. Young in this matter.

☐ am the secretary/paralegal for _____, who represents
_____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On October 4, 2017, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Notice of Chapter 13 Bankruptcy Case
Notice of Hearing on Confirmation of Plan
Copy of the Chapter 13 Filed

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: January 15, 2019

/s/ Nona L. Ostrove, Esq.
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
American Medical Collection Agency 4 Westchester Plaza Building 4 Elmsford, NY 10523-0000	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
C& H Collection PO Box 1399 Merchantville, NJ 08109-0399	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Cooper University Health Care PO Box 95000-4345 Philadelphia, PA 19195-4345	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
John D. Kernan, D.M.D 658 W. Cumberland Blvd. Westmont, NJ 08108-3642	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
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